UTILITY			Attorney .	Docket No.	20272/0	20272/0701		
P.	ATENT APPLICAT	ΓΙΟΝ	First Named	l Inventor or Applicat	tion Identifier	on Identifier Jonathan Samuel Drin		
113 2	TRANSMITTAL	•	Title	Arc	Arc Detection			
				xpress Mail Label No.			70 P.T.C	
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OIG	APPLICATION	ELEMENTS		ADDRESS TO	. Box Applica	ner for Patents tions , D.C. 20231	10/08	
3. ∑ 4.	th or Declaration a. Newly executed (original Ground or Copy from a prior application of Continuation of Continuation of Copy from the prior and 1.33(b) Application Data Sheet. See 3 CONTINUING APPLICATION, polication Data Sheet under 37 CF	[Total Page: n below] Intion ed Applications sponsored R & D opendix Intion awings (if filed) [Total Pag [Total Pag [Total Pag [Total Pag I or copy) Ition (37 CFR 1.63(d)) I with Box 16 complete IVENTOR(S) attached deleting invertage and page an	9. 10. es [1] 11. 12. 13. 14. ed) 15. entor(s) FR 1.63(d)(2) 16. eand supply the requirements of the supply the supply the requirements of the supply th	Submission (a.	d/or Amino Acid S if applicable, all r Readable Form (Sequence Listing ROM or CD-R (2 or erifying identity of NYING APPL pers (cover sheet of Statement s an assignee) attion Document (in closure)/PTO-1449 endment it Postcard (MPEF coffically itemized) of Priority Document by is claimed) w and in a preliminal	Sequence necessary) (CRF) on: copies); or above copies LICATION PAF & document(s)) Power of Attorn f applicable) Copies of IDS Citations 5 503) ent(s)	еу	
supplie	☐Continuation ☐ Divisi Prior application information: I NTINUATION or DIVISIONAL AI d under Box 4b, is considered The incorporation can only be	Examiner PPS only: The entire as being part of the	disclosure of the ac	ior application, fro companying applic	m which a copy ation and is here	by incorporated by	reference	
		17.	CORRESPONDENC	E ADDRESS				
	stomer Number or Bar Code Lat		t Customer No. or At here)	lach bar code	*	ence address below		
NAME			Conn	olly Bove Lodge				
ADDR	ESS			Suite 800 1990 M Street, N.W.				
CITY		Washington	STATE	DC	ZIP COD	DE 20036	-3425	

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	NO. FILED	Ī		NO. EXTRA	RATE	FEE	OR	RATE	FEE			
TOTAL	18	minus	20	=_	x9=	\$		x18=	\$			
INDEP	7	minus	3	= 4	x42=	\$		x84=	\$336			
First Presentation, Multiple Dependent Claims					+140=	\$		+280=	\$			
Base Filing Fee						\$370			\$740			
Other Fee (specify purpose) Assignment recordal					9			\$40				
TOTAL FILING FEE* (accounting for possible small entity status)					5	OR	TOTAL	\$1116				

K.

	No payment is en	amount of \$ to cover the filing fee is enclosed enclosed at this time. Full payment will be made when the executed Declaration is submitted. hereby authorized to charge and credit Deposit Account No. 22-0185 as described below. A duplicate copy of this sed.					
in the state of th	X X X	Charge the amount of \$1116 as filing fee Credit any overpayment. Charge any additional filing fees required under 37 CFR § 1.16					
	ഥ	Charge any additional filing fees required under 37 CFR § 1.17					

Name (Print/Type)	Burton A. Amernick	Registration No. (Attorne	y/Agent)	24,852
Signature	Mut the		Date	February 26, 2002